

Billed Entity Applicant #: <b>131976</b>					Applicant's Form Identifier: <b>DMPS4710101</b>					
Contact Person: <b>Greg Davis</b>					Phone Number: <b>515-242-7773</b>					
<b>BLOCK 5: Discount Funding Request(s)</b>					Page 212 of 319					
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
<b>FRN # (to be assigned by administrator)</b>										
11	Category of Service (only ONE category should be checked)  <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			RFP #00-48D	
12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number)			N/A	
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000	
13	SPIN – Service Provider Identification Number:		143004340		18	Contract Award Date (mm/dd/yyyy)			01/12/2001	
					19a	Service State Date (mm/dd/yyyy)			07/01/2001	
					19b	Service End Date (mm/dd/yyyy)			N/A	
14	Service Provider Name		Dell Marketing LP		20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002	
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						Attachment # <u>USFATCH0104</u>	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.						58990 -	
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
<b>Recurring Charges</b>					<b>Non-Recurring Charges</b>			<b>Total Charges</b>		
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	60%	\$4,500

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12	<b>Form 470 Application Number:</b>		<b>704340000296620</b>		16	<b>Billing Account Number:</b> (e.g. billed telephone number)			<b>N/A</b>	
					17	<b>Allowable Vendor Selection/ Contract Date:</b> (mm/dd/yyyy)			<b>12/12/2000</b>	
13	<b>SPIN – Service Provider Identification Number:</b>		<b>143004340</b>		18	<b>Contract Award Date</b> (mm/dd/yyyy)			<b>01/12/2001</b>	
					19a	<b>Service State Date</b> (mm/dd/yyyy)			<b>07/01/2001</b>	
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14	<b>Service Provider Name</b>		<b>Dell Marketing LP</b>		20	<b>Contract Expiration Date</b> (mm/dd/yyyy)			<b>06/30/2002</b>	
21	<b>Description of this Service:</b>		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						Attachment # <b>USFATCH0104</b>	
22	<b>Entity/Entities Receiving this Service:</b>		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.					59842 -		
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	<b>Calculations</b>									
<b>Recurring Charges</b>					<b>Non-Recurring Charges</b>			<b>Total Charges</b>		
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	50%	\$3,750

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12	Form 470 Application Number:		<b>704340000296620</b>		16	Billing Account Number: (e.g. billed telephone number)			<b>N/A</b>		
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21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.							Attachment # <b>USFATCH10104</b>	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.					59002 -			
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)								
23	<b>Calculations</b>										
<b>Recurring Charges</b>					<b>Non-Recurring Charges</b>			<b>Total Charges</b>			
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000	

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<b>BLOCK 5: Discount Funding Request(s)</b>					Page 215 of 319						
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.											
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12	Form 470 Application Number:  704340000296620				16	Billing Account Number: (e.g. billed telephone number)			N/A		
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000		
13	SPIN – Service Provider Identification Number:  143004340				18	Contract Award Date (mm/dd/yyyy)			01/12/2001		
					19a	Service State Date (mm/dd/yyyy)			07/01/2001		
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22	Entity/Entities Receiving this Service:				a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.					59007 -	
					b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)						
23	Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges			
A	B	C	D	E	F	G	H	I	J	K	
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0	0	0	0	0	7,500	0	7,500	7,500	40%	\$3,000	

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<b>BLOCK 5: Discount Funding Request(s)</b>					Page 216 of 319					
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23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
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0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000

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Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.											
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22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.						58962 -		
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)								
23	Calculations										
<b>Recurring Charges</b>					<b>Non-Recurring Charges</b>			<b>Total Charges</b>			
A	B	C	D	E	F	G	H	I	J	K	
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			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
<b>Recurring Charges</b>					<b>Non-Recurring Charges</b>			<b>Total Charges</b>		
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>
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0	0	0	0	0	7,500	0	7,500	7,500	90%	\$6,750

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23	Calculations									
<b>Recurring Charges</b>					<b>Non-Recurring Charges</b>			<b>Total Charges</b>		
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>
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Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000

Billed Entity Applicant #: <b>131976</b>					Applicant's Form Identifier: <b>DMPS4710101</b>						
Contact Person: <b>Greg Davis</b>					Phone Number: <b>515-242-7773</b>						
<b>BLOCK 5: Discount Funding Request(s)</b>					Page 221 of 319						
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.											
<b>FRN # (to be assigned by administrator)</b>											
11	Category of Service (only ONE category should be checked)  <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)		RFP #00-48D			
12	Form 470 Application Number:		704340000296620			16	Billing Account Number: (e.g. billed telephone number)		N/A		
						17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)		12/12/2000		
13	SPIN – Service Provider Identification Number:		143004340			18	Contract Award Date (mm/dd/yyyy)		01/12/2001		
						19a	Service State Date (mm/dd/yyyy)		07/01/2001		
						19b	Service End Date (mm/dd/yyyy)		N/A		
14	Service Provider Name		Dell Marketing LP			20	Contract Expiration Date (mm/dd/yyyy)		06/30/2002		
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.							Attachment # <u>USFATCH10104</u>	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.					59877 -			
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)								
23	Calculations										
<b>Recurring Charges</b>					<b>Non-Recurring Charges</b>			<b>Total Charges</b>			
A	B	C	D	E	F	G	H	I	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000	

Billed Entity Applicant #: <b>131976</b>					Applicant's Form Identifier: <b>DMPS4710101</b>						
Contact Person: <b>Greg Davis</b>					Phone Number: <b>515-242-7773</b>						
<b>BLOCK 5: Discount Funding Request(s)</b>					Page 222 of 319						
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.											
<b>FRN # (to be assigned by administrator)</b>											
11	Category of Service (only ONE category should be checked)  <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			RFP #00-48D		
12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number)			N/A		
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000		
13	SPIN – Service Provider Identification Number:		143004340		18	Contract Award Date (mm/dd/yyyy)			01/12/2001		
					19a	Service State Date (mm/dd/yyyy)			07/01/2001		
					19b	Service End Date (mm/dd/yyyy)			N/A		
14	Service Provider Name		Dell Marketing LP		20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002		
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.							Attachment # <u>USFATCH0104</u>	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.						58973 –		
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)								
23	Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges			
A	B	C	D	E	F	G	H	I	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000	

Billed Entity Applicant #: <b>131976</b>					Appl. Form Identifier: <b>DMPS4710101</b>					
Contact Person: <b>Greg Davis</b>					Phone Number: <b>515-242-7773</b>					
<b>BLOCK 5: Discount Funding Request(s)</b>					Page 223 of 319					
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
<b>FRN # (to be assigned by administrator)</b>										
11	Category of Service (only ONE category should be checked)  <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			RFP #00-48D	
12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number)			N/A	
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000	
13	SPIN – Service Provider Identification Number:		143004340		18	Contract Award Date (mm/dd/yyyy)			01/12/2001	
					19a	Service State Date (mm/dd/yyyy)			07/01/2001	
					19b	Service End Date (mm/dd/yyyy)			N/A	
14	Service Provider Name		Dell Marketing LP		20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002	
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						Attachment # <b>USFATCH0104</b>	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.				59003 -			
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
<b>Recurring Charges</b>					<b>Non-Recurring Charges</b>			<b>Total Charges</b>		
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	60%	\$4,500

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773

**BLOCK 5: Discount Funding Request(s)**

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Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FRN # (to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D
12	Form 470 Application Number: 704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN - Service Provider Identification Number: 143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.		
		Attachment # USFATCH0104		
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service. 58997 -		
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		
23	Calculations			

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000

Billed Entity: Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773

**BLOCK 5: Discount Funding Request(s)** Page 225 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FRN #** (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D
12	Form 470 Application Number: 704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN - Service Provider Identification Number: 143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.		
		Attachment # USFATCH0104		
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.		58961 -
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		
23	Calculations			

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000

Billed Entity: Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
<b>BLOCK 5: Discount Funding Request(s)</b>	
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Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #		(to be assigned by administrator)	
11	Category of Service (only ONE category should be checked)  <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)  <b>RFP #00-48D</b>
12	Form 470 Application Number:  704340000296620	16	Billing Account Number: (e.g. billed telephone number)  N/A
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)  12/12/2000
13	SPIN – Service Provider Identification Number:  143004340	18	Contract Award Date (mm/dd/yyyy)  01/12/2001
		19a	Service State Date (mm/dd/yyyy)  07/01/2001
		19b	Service End Date (mm/dd/yyyy)  N/A
14	Service Provider Name  Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)  06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	
		Attachment # <u>USFATCH0104</u>	
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service. 58927 - b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	
23	Calculations		

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	60%	\$4,500

Billed By: Applicant #: 131976					Applicant's Form Identifier: DMPS4710101					
Contact Person: Greg Davis					Phone Number: 515-242-7773					
BLOCK 5: Discount Funding Request(s)								Page 227 of 319		
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
<b>FRN # (to be assigned by administrator)</b>										
11	Category of Service (only ONE category should be checked)  <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			RFP #00-48D	
12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number)			N/A	
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000	
13	SPIN – Service Provider Identification Number:		143004340		18	Contract Award Date (mm/dd/yyyy)			01/12/2001	
					19a	Service State Date (mm/dd/yyyy)			07/01/2001	
					19b	Service End Date (mm/dd/yyyy)			N/A	
14	Service Provider Name		Dell Marketing LP		20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002	
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						Attachment # USFATCH10104	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.					58937 -		
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	50%	\$3,750



Billed Entity Applicant #: <b>131976</b>					Applicant's Form Identifier: <b>DMPS4710101</b>					
Contact Person: <b>Greg Davis</b>					Phone Number: <b>515-242-7773</b>					
<b>BLOCK 5: Discount Funding Request(s)</b>					Page 228 of 319					
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
<b>FRN # (to be assigned by administrator)</b>										
11	Category of Service (only ONE category should be checked)  <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			<b>RFP #00-48D</b>	
12	<b>Form 470 Application Number:</b>		<b>704340000296620</b>		16	<b>Billing Account Number:</b> (e.g. billed telephone number)			<b>N/A</b>	
					17	<b>Allowable Vendor Selection/ Contract Date:</b> (mm/dd/yyyy)			<b>12/12/2000</b>	
13	<b>SPIN - Service Provider Identification Number:</b>		<b>143004340</b>		18	<b>Contract Award Date</b> (mm/dd/yyyy)			<b>01/12/2001</b>	
					19a	<b>Service State Date</b> (mm/dd/yyyy)			<b>07/01/2001</b>	
					19b	<b>Service End Date</b> (mm/dd/yyyy)			<b>N/A</b>	
14	<b>Service Provider Name</b>		<b>Dell Marketing LP</b>		20	<b>Contract Expiration Date</b> (mm/dd/yyyy)			<b>06/30/2002</b>	
21	<b>Description of this Service:</b>		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						Attachment # <b>USFATCH0104</b>	
22	<b>Entity/Entities Receiving this Service:</b>		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.					58970 -		
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	<b>Calculations</b>									
<b>Recurring Charges</b>					<b>Non-Recurring Charges</b>			<b>Total Charges</b>		
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000

Billed Entity, Applicant #: <b>131976</b>					Applicant's Form Identifier: <b>DMPS4710101</b>					
Contact Person: <b>Greg Davis</b>					Phone Number: <b>515-242-7773</b>					
<b>BLOCK 5: Discount Funding Request(s)</b>					Page 229 of 319					
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
<b>FRN # (to be assigned by administrator)</b>										
11	Category of Service (only ONE category should be checked)  <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)		<b>RFP #00-48D</b>		
12	Form 470 Application Number:		<b>704340000296620</b>		16	Billing Account Number: (e.g. billed telephone number)		<b>N/A</b>		
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)		<b>12/12/2000</b>		
13	SPIN - Service Provider Identification Number:		<b>143004340</b>		18	Contract Award Date (mm/dd/yyyy)		<b>01/12/2001</b>		
					19a	Service State Date (mm/dd/yyyy)		<b>07/01/2001</b>		
					19b	Service End Date (mm/dd/yyyy)		<b>N/A</b>		
14	Service Provider Name		<b>Dell Marketing LP</b>		20	Contract Expiration Date (mm/dd/yyyy)		<b>06/30/2002</b>		
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						Attachment # <b>USFATCH10104</b>	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.				58932 -			
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
<b>Recurring Charges</b>					<b>Non-Recurring Charges</b>			<b>Total Charges</b>		
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	60%	\$4,500

Billed Entity: Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773

**BLOCK 5: Discount Funding Request(s)**

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Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FRN # (to be assigned by administrator)**

11	Category of Service (only ONE category should be checked)  O Telecommunications Services   O Internet Access   ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D
12	Form 470 Application Number:  704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN - Service Provider Identification Number:  143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name  Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.		
		Attachment # USFATCH10104		
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.		
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		
23	Calculations			

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	50%	\$3,750

Billed Entity Applicant #: 131976				Applicant's Form Identifier: DMPS4710101						
Contact Person: Greg Davis				Phone Number: 515-242-7773						
<b>BLOCK 5: Discount Funding Request(s)</b>						Page 231 of 319				
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
<b>FRN # (to be assigned by administrator)</b>										
11	Category of Service (only ONE category should be checked)  <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections			15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)		RFP #00-48D			
12	Form 470 Application Number:  704340000296620			16	Billing Account Number: (e.g. billed telephone number)		N/A			
				17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)		12/12/2000			
13	SPIN - Service Provider Identification Number:  143004340			18	Contract Award Date (mm/dd/yyyy)		01/12/2001			
				19a	Service State Date (mm/dd/yyyy)		07/01/2001			
				19b	Service End Date (mm/dd/yyyy)		N/A			
14	Service Provider Name  Dell Marketing LP			20	Contract Expiration Date (mm/dd/yyyy)		06/30/2002			
21	Description of this Service:			You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.				Attachment # <u>USFATCH10104</u>		
22	Entity/Entities Receiving this Service:			a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.			58960 -			
				b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)						
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	90%	\$6,750

Billed Entity, Applicant #: <b>131976</b>	Applicant's Form Identifier: <b>DMPS4710101</b>
Contact Person: <b>Greg Davis</b>	Phone Number: <b>515-242-7773</b>

**BLOCK 5: Discount Funding Request(s)**

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Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FRN # (to be assigned by administrator)**

11	Category of Service (only ONE category should be checked)  <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	<b>RFP #00-48D</b>
12	Form 470 Application Number:  <b>704340000296620</b>	16	Billing Account Number: (e.g. billed telephone number)	<b>N/A</b>
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	<b>12/12/2000</b>
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		19b	Service End Date (mm/dd/yyyy)	<b>N/A</b>
14	Service Provider Name  <b>Dell Marketing LP</b>	20	Contract Expiration Date (mm/dd/yyyy)	<b>06/30/2002</b>
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.		
		Attachment # <b>USFATCH0104</b>		
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service. <b>58954 -</b> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		

**23 Calculations**

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000

Billed Entity: Applicant #: 131976					Appl. Form Identifier: DMPS4710101				
Contact Person: Greg Davis					Phone Number: 515-242-7773				
<b>BLOCK 5: Discount Funding Request(s)</b>					Page 233 of 319				
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.									
<b>FRN # (to be assigned by administrator)</b>									
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12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number)		N/A	
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)		12/12/2000	
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					19a	Service State Date (mm/dd/yyyy)		07/01/2001	
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14	Service Provider Name		Dell Marketing LP		20	Contract Expiration Date (mm/dd/yyyy)		06/30/2002	
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						Attachment # <u>USFATCH0104</u>
22	Entity/Entities Receiving this Service:		a.If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.						58950 -
			b.If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)						
23	Calculations								

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000

Billed By: Applicant #: 131976				Applicant's Form Identifier: DMPS4710101						
Contact Person: Greg Davis				Phone Number: 515-242-7773						
<b>BLOCK 5: Discount Funding Request(s)</b>				Page 234 of 319						
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Recurring Charges					Non-Recurring Charges			Total Charges		
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0	0	0	0	0	7,500	0	7,500	7,500	60%	\$4,500

Billed Entity Applicant #: <b>131976</b>					Applicant's Form Identifier: <b>DMPS4710101</b>						
Contact Person: <b>Greg Davis</b>					Phone Number: <b>515-242-7773</b>						
<b>BLOCK 5: Discount Funding Request(s)</b>					Page 235 of 319						
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23	Calculations										
<b>Recurring Charges</b>					<b>Non-Recurring Charges</b>			<b>Total Charges</b>			
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>	
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0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000	



Billed By: <b>Applicant #: 131976</b>		Applicant's Form Identifier: <b>DMPS4710101</b>																																														
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